MIRCal Medical Information Reporting for California

Quick Notes

"Equitable Healthcare Accessibility for California" oshpd
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IP Inpatient Discharges ED Emergency Department AS Ambulatory Surgery

Improved Reporting In Progress

Earlier this year, the Patient Data Section began a review of how hospitals were reporting ED and AS encounters that resulted in observation stays. During this review, our analysts contacted each hospital to discuss reporting practices and to confirm whether OSHPD requirements were being met. Unfortunately, our review uncovered that many facilities were not following the reporting guidelines for reporting encounters. Based on feedback from facilities, thousands of ED and AS encounters went unreported due to a lack of understanding of the requirements and inadequate software capabilities to carry over the information.

Since then, facilities have worked diligently with their respective analysts to identify the affected report periods and develop solutions to these reporting challenges. Some of these solutions include staff re-education and training, updates to health records software, and increased data-quality control measures.

In light of these reporting challenges, OSHPD took the appropriate measures to inform data users and researchers of the problem. For facilities that under reported ED and AS encounters, data exceptions were placed on each affected report period. These data exceptions were necessary to alert the public that caution should be used when incorporating the total record information into any research.

Going forward, OSHPD analysts continue to work with facilities individually to narrow down an estimate of how many records went under reported, and more importantly, to establish timeframes for when the problem will be remedied. As always, we appreciate the patience and cooperation of every facility in ensuring that all future data is as accurate and reliable as possible.

Survey Says…

A big thank you to all participating facilities who responded to the recent survey sent out by the Patient Data Section inquiring about the use of reports generated by our MIRCal system. The results show:

- **Inpatient Source of Admission Report** (94% are familiar with and 82% use this report)
- **Inpatient Exception Edit Summary Report** (86% are familiar with and 75% use this report)
- **E-Code Report Summary** (90% are familiar with and 74% use this report)

These reports will continue to be generated for data reporting and correction based on 169 completed surveys. We appreciate and value your input!

Sign up for OSHPD Updates

OSHPD has a new way to subscribe to a variety of OSHPD updates. Simply enter your contact information at http://www.oshpd.ca.gov/Signup.html and choose the information you would like to receive from the *Areas of Interest*.

MIRCal updates can be found under *Healthcare Data & Reports*.

Medicare Reporting Reminders

Many seniors dependent on Medicare benefits have encountered increased health care and drug costs in their effort to sustain wellness.

Medicare beneficiaries may assign their healthcare coverage over to a qualifying insurance Medicare Advantage plan which is responsible for providing benefits in lieu of Medicare. The Federal Government reimburses the carrier for the average cost of providing Medicare benefits to their recipients. These Medicare Advantage plans include HMO, PPO, private fee-for-service plans, and Medicare special needs plans. UnitedHealthCare's Secure Horizon is an example of such a plan. Many commercial carriers offer similar plans.

If a patient has a Medicare Advantage plan or any plan paid for by Medicare and the plan pays the greatest share of the patient's bill, it is important to report Medicare as the payer to OSHPD. Be sure to report the appropriate Type of Coverage and Plan Code, when applicable.

For Expected Source of Payment concerns, please refer to the Inpatient Data Reporting Manual, or contact your MIRCal analyst.

New Inpatient Standard Edit Flag

Effective with the Jan-June 2011 report period, there is a new Inpatient Standard Edit: **S003**. You will receive this edit if the data element Total Charges is reported as $1 (No Charge), but the Expected Source of Payment is not equal to 09 (Other Payer). "No Charge" means that there was no bill generated for the hospital stay.

Do not report $1 if the patient is not responsible for charges incurred but the hospital expects payment from a third party or entity. In this case, report the Total Charges and ESOP of that third party payer.

Inpatient Expected Source of Payment Updates

Under the Knox-Keene Health Care Service Plan Act of 1975, HMO's are regulated by the Department of Managed Care (DMHC). The DMHC routinely updates their Licensed Plans list to reflect new, discontinued, and consolidated HMO plans.

Plan code changes require regulatory approval for OSHPD reporting. OSHPD permissively accepts but will not require the following plan codes until California Regulations are amended to reflect the changes. Facilities may report the new plan codes to OSHPD while regulations are pending approval and are encouraged to discontinue use of invalid plan codes.

The following newly licensed Plan Codes are effective for discharges on or after January 1, 2011:

0463 – The Capella Group, Inc/USA Healthcare Savings
0484 – Fresno-Kings-Madera Regional Health Authority
0473 – Premier Health Plan Services, Inc.
0420 - Association Health Care Management Inc.
0470 - Choice Physicians Network Inc.

Renamed Plan Code:
0325 – Cigna Healthcare Pacific, Inc. (Formerly Great-West Healthcare of CA, Inc.)

In any case where you are unsure of the appropriate plan code, refer to the Inpatient Data Reporting Manual or talk to your analyst.

Total Charges for Stays Over a Year

Some facilities have been reporting Total Charges for a patient's entire stay in skilled nursing when the stay is over one year. Per OSHPD reporting requirements, if a patient's length of stay is more than one year (365 days), report Total Charges only for the last 365 days. This is necessary for MIRCal to accurately calculate the average charge per day.